

1.) CORPORATION NAME:

DOLLAR TREE, INC.

DUE DATE: **2/28/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
WILLIAM A OLD JR
999 WATERSIDE DR
STE 1700**

SCC ID NO: **06905996**

NORFOLK, VA 23510

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	400,000,000
PREFER	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

NORFOLK CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 VOLVO PKWY

CITY/ST/ZIP: CHESAPEAKE, VA 23320-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	BOB SASSER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	500 VOLVO PKWY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	MARY ANNE CITRINO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	J DOUGLAS PERRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	ARNOLD S. BARRON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	CARL ZEITHAML	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		

NAME:	CONRAD M. HALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	H. RAY COMPTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	LEMUEL E. LEWIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	THOMAS A. SAUNDERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	THOMAS E. WHIDDON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	GARY PHILBIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	JAMES FOTHERGILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIEF PEOPLE OF		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	KEVIN WAMPLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	RAYMOND HAMILTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIEF INFO OFF		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	ROBERT RUDMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIEF MERCHAND		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		

NAME:	STEPHEN WHITE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIEF LOGISTICS		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	DEBORAH E. MILLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	JAMES A. GORRY, III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	JONATHAN L. ELDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	ROGER DEAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	KATHLEEN MALLAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	ROBERT THOMSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	TIMOTHY REID	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	CATHY J. EICHELBAUM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	SHAWN TA TOTTEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MACON F. BROCK JR		
TITLE:	DIRECTOR		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CATHY J. EICHELBAUM	CATHY J. EICHELBAUM, ASST	1/4/2011	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			